SURGICAL UNIT COMPETENCY BASED

ORIENTATION

Developed: 2014
Revised: 2018

Welcome to B5 Surgical – Planned Care Value Stream

Competency Based Orientation

Competency based orientation
- Defines skills and expectations required to perform the job safely and effectively
- Provides a "blueprint" for performance excellence
- Evaluates performance and identifies skill and competency gaps
- Defines resources available to aid new staff in meeting expectations
- Provides a "map" for ongoing direction and support
- Describes expectations of preceptor for teaching and validation
- Outputs of the learning experience

What is Competence

Competence is ability of a nurse to integrate & apply the knowledge, skills, judgements, attitudes, values and beliefs required to practice safely and ethically in a designated role or setting. *(CNO 2008)*

Competencies can be defined as a set of statements about the knowledge, skills, attitudes and judgements required to perform safely within the scope of an individual's nursing practice or in a designated role or setting. *(CNO 2008)*

Continuing competence is the ongoing ability to integrate & apply knowledge, skills & judgement required to practice safely and ethically. It involves a continual process of linking the code of ethics, standards of practice & lifelong learning. Reflection and continued practice improvement is an ongoing process.

Scope of practice defines activities that nurses are educated and authorized to perform as set out in jurisdictional legislation. *(CNO 2008)*

Self Assessment is defined as learners taking initiative to assess their own education needs, set goals and objectives, plan and identify appropriate educational activities, implement these activities and evaluate the outcomes.

BENEFITS, BELIEFS AND GUIDING PRINCIPLES OF A COMPETNENCY BASED ORIENTATION PROGRAM

1. Provides safe practice & identifies expectations of competence per codes of ethics & standards of practice.
2. Defines a required behavior within a job role.
3. Provides consistency in the orientation process.
4. Links individual performance to goals of the organization.
5. Individualizes the orientation process to meet individual needs.
6. Provides ongoing direction and support to staff.
7. Encourages individuals to take responsibility for their own educational needs.
8. Monitors performance & identifies when an individual does not meet expectations.
9. Provides justification for an extension of the orientation process & identifying goals to be met.

Summary

This section has identified the College's expectations of entry-level RNs and practice settings with regard to practice decision-making. The framework and elements to support decision-making have been described. Practice experience will further contribute to the development of skills and confidence in making nursing practice decisions that promote quality client care.

Decision Tree: A Guide to Practice Decision Making for the Entry-Level Registered Nurse

Assessment
Gather the data.

Analyze the data
Determine if help needed to analyze data: NO   Consult/collaborate.
•Can I make sense of the data?
•Is the assessment corrYfS.,

Identify options of care
•Can I identify:
  A range of care options?   NO   Consult/collaborate .
  The indications and contraindications for each?
  The client's preferences?
                    YES

Choose the care option   NO   Consult/collaborate.
•Am I satisfied that the option chosen is the best,
  most appropriate?*
                    YES

                                                                                    NO
•Do I have the authority to pr011ide the care?   NO   Can I get it (physician·s
                    YES   order)?
                                                                          YES

•Am I competent to perform the care?
•Can I manage the potential outcomes?
                    YES   NO

Perform care   Seek assistance
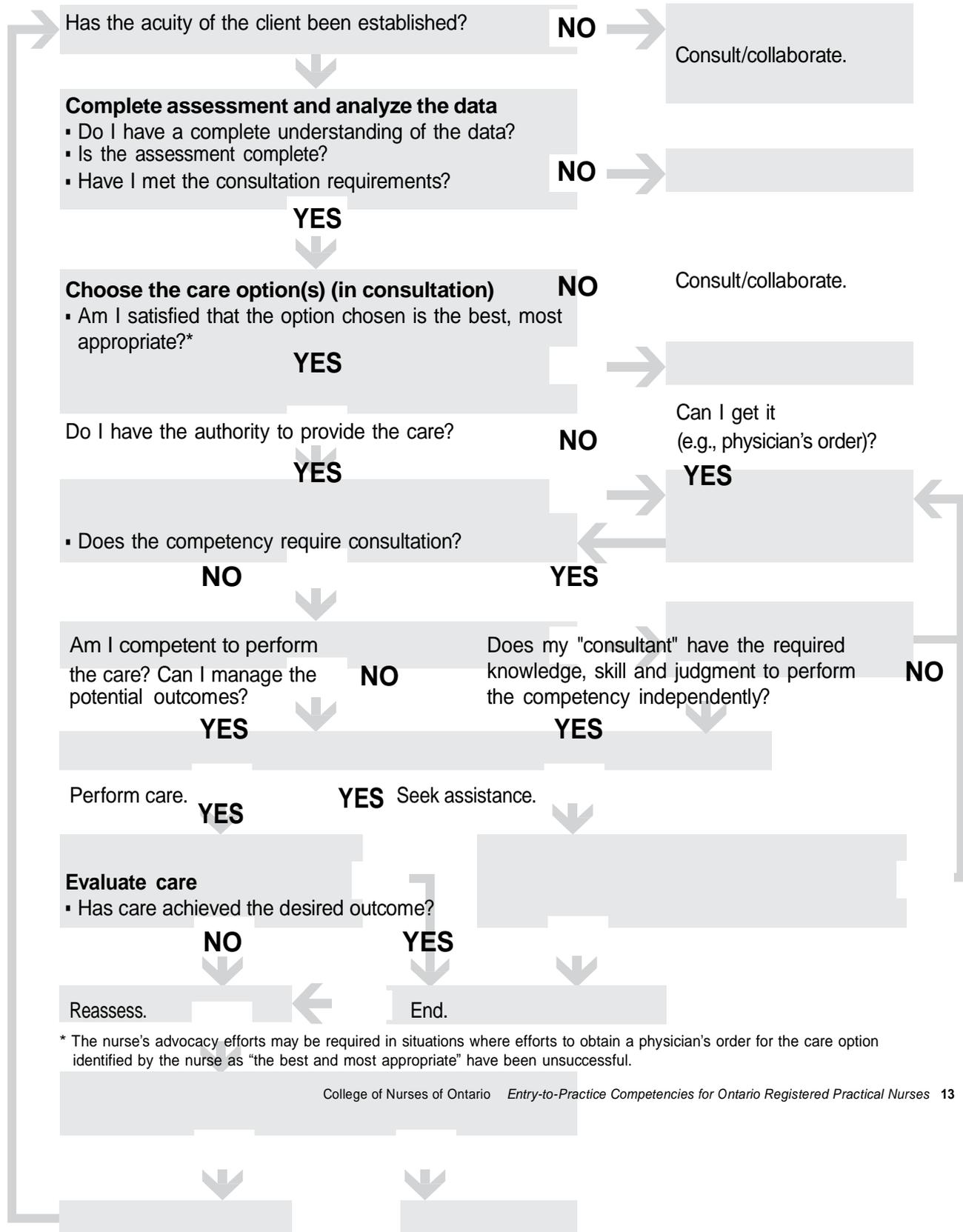
Evaluate care
•Has care achieved the desired outcome?
                    NO   YES

Reassess.   End.

..The nurse's advocacy efforts m;r.; be required in situations where efforts to obtain a physician's order for the care option identified by the nurse as "the best and most appropriate" have been unsuccessful.

A guide to practice decision-making for the entry-level RPN

Has the acuity of the client been established? **NO** → Consult/collaborate.

↓

Complete assessment and analyze the data
- Do I have a complete understanding of the data?
- Is the assessment complete?
- Have I met the consultation requirements? **NO** →

YES

↓

Choose the care option(s) (in consultation) **NO** Consult/collaborate.
- Am I satisfied that the option chosen is the best, most appropriate?*

YES →

Do I have the authority to provide the care? **NO** Can I get it (e.g., physician's order)?

YES **YES**

- Does the competency require consultation? **NO** **YES**

↓

Am I competent to perform the care? Can I manage the potential outcomes? **NO** | Does my "consultant" have the required knowledge, skill and judgment to perform the competency independently? **NO**

YES **YES**

Perform care. **YES** | **YES** Seek assistance. ↓

↓

Evaluate care
- Has care achieved the desired outcome?

NO **YES**

↓ ↓

Reassess. ← End.

* The nurse's advocacy efforts may be required in situations where efforts to obtain a physician's order for the care option identified by the nurse as "the best and most appropriate" have been unsuccessful.

KEY POINTS ABOUT COMPETENCY – BASED ORIENTATION AND EDUCATION

Learning is a process that should continue along the continuum of novice to expert. Competency must be assessed at 3 levels:

1. Technical
2. Critical Thinking
3. Interpersonal Skills

Traditionally, the technical component has been focused on during orientation; however, most performance issues arise due to critical thinking or relational components.
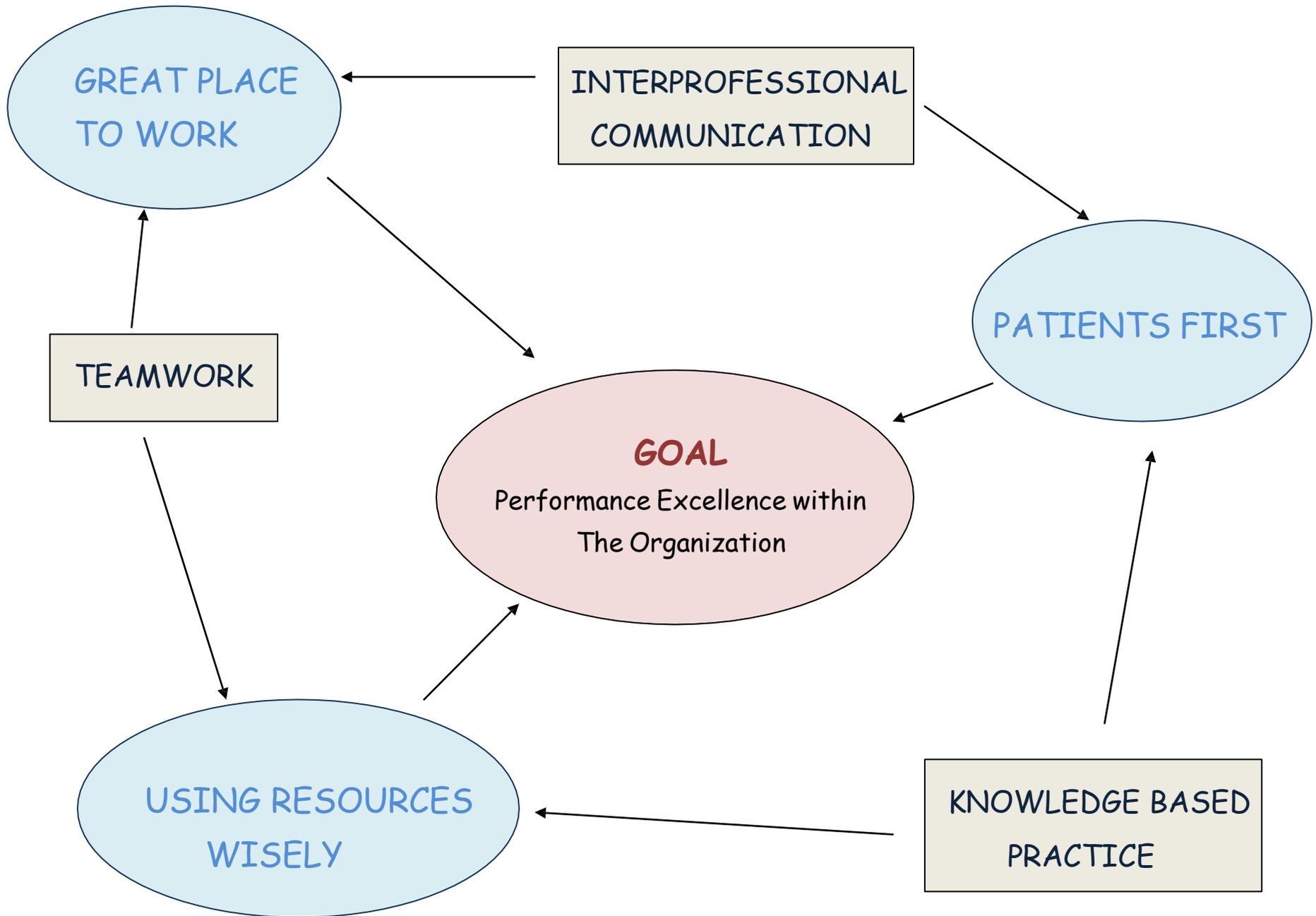
Methods of assessing competence should be varied, & include

- Self – assessment
- Preceptor assessment
- Written Tests
- Return Demonstrations
- Mock scenarios
- Observation of care given / tasks performed
- Medworxx

Surgical Unit Competence Program Components

1. Interprofessional Communication
2. Teamwork
3. Knowledge Based Practice

B5 SURGICAL COMPETENCY BASED ORIENTATION

GREAT PLACE TO WORK

INTERPROFESSIONAL COMMUNICATION

TEAMWORK

PATIENTS FIRST

GOAL
Performance Excellence within The Organization

USING RESOURCES WISELY

KNOWLEDGE BASED PRACTICE

The Orientation Process

Initial Meeting with Manager

Once hired you will meet with the Clinical Manager or the Clinician for the unit you will be reporting to. You will receive the orientation folder.

- Your Role Model/Mentor will explain the orientation program and answers questions
- Your Role Model/Mentor will provide you with an orientation of the unit and hospital way finding.
- You will be asked to complete the clinical experience rating of the Competency based assessment tool.

The new staff member, Role Model/Mentor will establish a plan for orientation based on the identified learning needs.

Mid-Orientation Evaluation

The Role Model/Mentor will meet with the new staff member to

- Review the competency based assessment to identify strategies to meet learning needs

End of Orientation

The Role Model/Mentor will meet with the new staff member to:

- Review the competency based assessment for incomplete items, establish a learning plan for meeting learning needs.
- Evaluate the need for further orientation
- Suggest ongoing resources based on continuing learning needs

Orientee:_____

Preceptors:_____

Important Phone Extensions

Phone Numbers	Extensions
Hospital Numbers	Switchboard 519-752-7871 back door 519-751-5544
Patient Registration	2253
B5 Desk	2310
Clinical Director – Chris Churchill	
Clinical Manager – Jordon Dewar	4282
PACU	4801
Clinician	2678
Staff Phone Numbers	see staff scheduling folder B5 sick calls
SICK CALLS For days – call the night before if possible or by 0530 am For Nights – Call by 1400 If an extended sick leave call org health @2248	519 751 5544 EXT 2310
Human Resources	5526
Payroll	2428
IT Help Desk	HELP - 4357
e-Learning Medworxx: http://bchs.lms.medworx.com/	
BCHS Website	www.bchsys.org

Scavenger Hunt

Out and About on the Unit	Completed
Clinical Manager's Office	Ext……..
Nurse Clinician's Office	Ext……..
Main desk/communication station	Ext……..
Nurse Call Bell system – demonstrate use	
Fax Machine/Photocopier, Printer	
Schedule: Sdrive, staff scheduling, B5, RN or RPN then date	
Sign in sheets, request process, how to indicate availability, call in procedure for illness/absence	
Staff Phone numbers Ensure your number is there	
Daily assignment sheets, review and understand break times	
Discharge Action Round Board	
Unit daily communication board	
Phone lists for hospital and Physicians	
Locate Unit Manuals: BCHS manual, Patient Services, IV, WHIMS, Emergency, Infection Control	Sdrive
Locate medication room (pharmacy drop box), med fridge, COWS, Narcotic Keys	
Locate Tube system	
Locate Dumb Waiter	
Lab labeler, lab label box	
Locate Glucometer Equip	
Find the Staff room / Staff Fridge	
Locker area	
Staff Washroom	
Visitor Washroom	
Patient Fridge, ice machine, microwave ▪ Cups, utensils, snacks	
Procedure for items in Patient Fridge	
Public Phone	
Companion Phones – how to operate (not for patient use)	
Find the dirty core – biohazard garbage / battery disposal	

Scavenger Hunt

Isolation gowns, isolation signs	
Find Patient shower areas – understand rules of infection control and patients alone in shower	
Flashlights for night shift	

Find Supply Cart in Clean Core
Look around
  ▪ IV Fluids L/R, NACL, 2/3 1/3 20kcl
  ▪ O2 Supplies
  ▪ Batteries
  ▪ Syringes
  ▪ Dressing supplies
  ▪ Ostomy supplies	

Equipment IV pumps, PCA pump, Feed Pumps	
Where do epidural pumps come from?	
Wheelchairs, Stretchers, walkers	
Locate fire extinguishers, pull stations and exits	
Locate O2 / Air shut off valves (at nurses station)	
Locate Code Blue equipment	
Find the staff mail slots	
Patient education materials – review what is available, check out BCHSYS web site as well	

Patients room
  ▪ Emergency call bell in bathroom
  ▪ Bedside call bell
  ▪ Code blue button
  ▪ O2 set up
  ▪ Suction setup
  ▪ Pocket masks
  ▪ Bed controls / Alarms
  ▪ How to properly plug in a call bell	

Locate Unit Huddle Board	

STANDARDS FOR POST-OP CARE

Mandatory q shift documentation:
- ✓ VS & SpO2 or per vital sign chart
- ✓ Physical Assessment
- ✓ Drsg & pressure area inspection
- ✓ Mobility & ADL's
- ✓ I & O
- ✓ CAM delirium assessment

Review:
    labs
    diagnostic results
    progress notes
    "bubbles"

Elements of Care	Goal	Actions & Patient Outcomes
Cardiovascular Circulatory	• **Within 10% of pre-op status**	• Vital signs as per vital sign chart PCA Pts: • Pain level, sedation level, RR, # of doses received, # of dose attempts, total in mg, nausea, pruritis q4h • TED stockings / SCD device, if ordered remove daily for bathing
Respiratory	• **Consistent with pre-op status**	• Chest assessment q shift • DB&C q4h x 24h then prn • O2 until SpO2 maintained > 92% on RA
Sensory	• **Consistent with pre-op status**	Orthopaedic pts: • Assess CSM of affected limb (include colour, sensation, cap refill, temp, pedal pulses, edema and movement) q4h x 24h then q shift
Integumentary	• **Skin intact, incisions well approximated, open areas diminished in size or stabilized**	• Braden scale completed on admission • Dressing – reinforce only first 24h post-op; change dressing 24h post-op and prn (unless otherwise ordered) • Inspect heels & all other pressure points q shift Ostomy pts: • Change ostomy appliance q 5 days & prn • Document appliance size & date to change in "bubbles"
Musculoskeletal	• **Patient will do ADL with minimal assist** • **Patient will ambulate safely**	• Position for comfort & airway management • Sitting at bedside day of surgery, ambulate post-op day 1 to bathroom, day 2 in hallway, day 3 continue in hallway (unless ordered otherwise) Total Knee Replacements: • No pillows under operative knee, do not raise FOB
Neuro	• **Consistant with pre-op status**	• Monitor LOC q shift • Monitor sedation level / potential side effects of any administered narcotics
GI/GU – nutrition	• **Able to resume normal diet**	• Clear fluids to DAT, as ordered • If NPO, monitor any IV / TPN infusion q1h

GI /GU - elimination	• **Patient will maintain adequate urinary output**	GU • Record accurate I &O q 2-4h x 24h then q shift prn • Urine output must remain within renal /physician guidelines (20-30cc/h) • Patient must void within 6-8h post-op, if not consider I &O catheter N-IV-209 Epi-morph pts: • Assessment of urinary retention is ongoing; documentation is done 2-4h (I&O catheter prn) TURP pts: • Strict I&O • Encourage +++ fluid intake • Record urine amount, colour, presence of clots q2-4h x 24h then q shift & prn
GI/GU - elimination	• **Patient will resume their normal bowel function 48-72h after any abdominal or bowel surgery**	GI • Abdominal assessment q shift & prn, until passing flatus or has BM & abdo assessment is normal • Encourage ambulation • Chewing gum may promote bowel stimulation; check with MRP if allowed NG pts: • Abdominal assessment q shift (distention , rigidity, bowel sounds, pain) • Record amt. of drainage on container & on I&O sheet q4h. Record colour & characteristic of drainage on progress notes • Monitor patency & irrigate prn • Monitor lab values (K+, NA+, HCO3) Ostomy pts: • Record amount, colour, consistency of ostomy contents q4h x 24h then q shift & prn • Assess colour, size, shape of stoma
Psychosocial	• **Patient will demonstrate effective coping, reduced anxiety** • **Patient & or family will understand & participate in their plan of care**	• Assess pt. / family knowledge & understanding of illness / surgery / disease process • Review plan of care with patient / family • Provide emotional support as needed • Be aware of ethnic / cultural beliefs • Provide ongoing health teaching & reinforcement of new learning as needed • Provide learning packages where available
Discharge	• **Provide pt with optimal tools to maintain optimal health & a healthy lifestyle** **Patient / family will verbalize understanding of pertinent subjects** • **Wound care, drain care** • **Activity level, diet** • **S&S to report to physician** • **Follow up appointments** • **Medications**	• Ensure that health teaching is complete upon discharge • Review d/c instructions with pt. / family • Review medications with pt. /family • Ensure that special health teaching / learning needs have been initiated during hospital stay & have been met before d/c. • Ongoing documentation of health teaching in teaching intervention. Ex. Ostomy care, diabetes, catheters.

VITAL SIGNS CHART

STANDARD ADMISSION VITALS	POST OP VITALS	BLOOD VITALS	EPI VITALS
QID X 48H Then daily and prn	Q2h x 2 then q4h x 5 then BID and prn Ortho (no epi) Q1h x 3 then q4h x 48h Then BID until d/c	>Baseline BP,P,RR,temp,SaO2 prior to transfusion >q15 min x 2, then >q 1h &prn until transfusion complete >post transfusion for each unit >if there is a suspected reaction **TPN VITALS** >TPR, BP, SaO2 TID and PRN	**STABLE EPI VITALS** >baseline on arrival, q1h until stable (stable =within 20% of baseline) >temp, BP, P q4h minimum >O2sats q2h, RR & sedation q1h x 16h post LD of Epimorph or q4h post LD of Fentanyl >may do 02 sats q4h, and may do RR & sedation q2h if sleeping or ambulatory & RR >12 & pre Spo2 > 92% **TOP UPS** >stable epi vitals plus • baseline (temp,BP,P, O2sat, RR, pain & sedation) prior to each top up dose & immediately post top up dose then… • Q5min x 3, then q30min x 2 then…as per stable epi vitals **CONTINOUS** >stable epi vitals plus • after increase in infusion rate continue stable epi vitals • after PCA dose q5 min x 3 then.. q30min x 2 then.. q1h until stable, then continue with stable epi vitals

Benner's Novice to Expert Framework

Please refer to the following definitions and examples to further assist you in the self-assessment process

Novice	Has yet to receive the theory Component and has never performed the skill	The novice nurse has not been taught how to insert a foley catheter or discussed the expected care standards in a classroom setting.
Advanced Beginner	Has received the theory component and performed the skill in a lab setting only.	This level practitioner has learned how to insert a foley catheter and the expected care standards, but has not practiced these skills in a clinical setting.
Competent	Has performed the skill in clinical practice but would prefer to have a clinical preceptor or peer nearby.	This practitioner can safely and competently insert a foley catheter, but may request that a colleague observe the process and confirm standard norms.
Proficient	Has achieved independence in performing the skill. Recognizes relevant clinical changes and organizes/implements skilled responses to these changes. Frequently assumes preceptor role.	This practitioner takes appropriate action in response to the patient's changing genitourinary status and interpretation of the patient's signs/symptoms (Initiates emergency intervention prn, collaborates with the physician to revise the plan of care.)
Expert	Consistently demonstrates competence in selected skills. Multiple experiences in the clinical setting. Has an intuitive grasp of situations. Anticipates situations/complications. Masterful in solving problems. Acts as a preceptor.	This practitioner enters the room and as a result of extensive experience with similar experiences, knows that a patient is compromised. This nurse quickly and holistically assesses the situation & identifies priorities. Anticipates revised plan of care.

Complete the self-assessment on the following pages, and based on your evaluation, assign yourself a level, from Novice to Expert. This will enable you to focus on your present and future learning needs.

Learning Needs Assessment/Competency Model

How to Complete the Competency Model

Criteria

This column lists general and specific knowledge, technical skills, communication/leadership and critical thinking skills that need to be covered during orientation. This knowledge provides a foundation for professional nursing in the surgical unit. The professional nurse practices according to this knowledge, and builds upon it in order to develop and progress along the continuum from novice to expert within the identified core competencies.

Learning Resources/Strategies

This column provides suggested resources i.e.: videos, learning packages, articles, policy numbers, texts, & personnel that you may utilize to achieve the required knowledge or skill.

Evidence of Competence

This column suggests ways for you to demonstrate that you have achieved the knowledge, skill and judgment in this area of practice.

Self Assessment Rating

This provides an opportunity for you to evaluate and document your current learning needs. Review each skill and rate your ability according to the Novice to Expert continuum. If you rate yourself as an expert in an area, you should still review the unit's current policy on that subject.

✶ The self-assessment is important because it provides the foundation for your orientation needs. You and your preceptor will review this information and devise an orientation plan based on your learning needs.

Completed by date & Is a Learning Plan Required ?

When you have performed a skill independently, you and your preceptor will initial the column to indicate this. If you have not completed all items, a learning plan will be established to meet your learning needs. Mark a "P" (for plan) in this column to identify areas where further assistance is required.

INTERPROFFESIONAL COMMUNICATION

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
Discusses the model of care utilized in the Surgical Program	Manager/Clinician/Preceptor Or CNO Professional Standards for RN's & RPN's	Discusses the main concepts of Collaborative Care Model			
Responds to changing workloads & patient acuity to maximize resources	As above	Discusses the decision making process & collaboration expectations			
Clearly & concisely report to oncoming shift. TOA ➢ Establishes priority of problems & needs according to actual & potential threats to the patient	Observe preceptor. Discussion with Nurse Clinician/ Preceptor	Transfer of Accountability to oncoming staff. Is able to give a detailed history & overview of the shift.			
Accurately initiates & documents of the following ➢ Electronic Charting ➢ BMV ➢ Order Entry ➢ OR package ➢ Day Surgery chart ➢ Halogen ➢ Risk Pro	Documentation with Clinician Observe Preceptor Information Technology Laboratory Staff Unit Clerks	Charting is accurate and complete. Demonstrates the importance of documenting response to treatment. Documents referral of problems appropriately Completes Order entry requisitions appropriately			
Recognizes & develops strategies to resolve interpersonal conflict Understands Bill 168 ➢ Code of Conduct ➢ Respectful workplace ➢ Whistleblower Policy	Discuss communication and conflict resolution with nurse clinician Policy IV 67, IV70, IV69 Complete medworx assignments	Describes disruptive behaviour. Passing grade on medworx assignment			
Collaborates with patients, families & multidisciplinary team to implement and evaluate individualized care/services to enhance health outcomes. Ensures confidentiality.	Discussion with clinician/preceptor Policy IV180 Standards of Nursing Practice Guidelines for Professional Behaviour (CNO)	Discusses the Nurse's prof. responsibility to the patient, family & health care team. Maintains confidentiality & privacy			
Updates Halogen and completes self assessment by probationary period. Continues to update Halogen performance appraisal system ongoing.					
Demonstrates ability to provide appropriate health teaching early in hospital	View teaching videos Review items available on B5 for teaching	Client can verbalize and demonstrate teach back			

TEAMWORK
Individuals can work more effectively within a team and achieve their potential.

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
Understands principles of team dynamics & multidisciplinary collaboration.					
Able to describe individual role and that of others	CNO Multidisciplinary team members	Discusses with preceptor			
Participates in collaborative decision making Considers roles of others in determining own professional & inter- professional roles.		Demonstrated during daily patient care.			
Demonstrates ability to access other team members skills & knowledge when required					
Attends multidisciplinary action rounds & effectively facilitates discussions & interactions among team members. Participates & is respectful of all team members.	Preceptor Team members	Demonstrated during daily rounds.			
Demonstrates a willingness to support other team members.					

TEAMWORK
Initiate Action in an Emergency Situation

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
Has up to date CPR certificate & maintains certificate.	Education resources for Re-certification. Brant CPR – classes on site	Current BCLS certification card			
Discusses the role of the nurse during Code Blue	Hospital orientation Policy N-IV-235 Mock Code Blue	Demonstrates oropharangeal airway insertion, use of pocket mask, bag valve mask Verbalizes when to activate code blue			
Demonstrates ability to locate Code Blue equipment ➢ Code Blue call button ➢ Pocket mask ➢ Code blue record ➢ Code blue cart on unit	Preceptor Clinician	Evidence of location demonstrated			

Infection Prevention and Control

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
Demonstrates understanding of Nosocomial Infection Control ➢ Routine precautions ➢ Droplet, contact, airborne, enteric, etc. ➢ MRSA/VRE/ESBL ➢ Febrile Respiratory Illness tool (FRI) ➢ Handwashing	S:drive – Infection Control folder Policy M-IV-185 Infection control nurse Clinician/Preceptor ..\Surgical Skills Book\Infection Prevention and Control ppt.ppt	Locates appropriate policy Practices routine & added precautions Communicates concerns to appropriate member of the multidisciplinary team Locates patient/visitor handouts & educates re: specific nosocomial isolation Appropriate Infection Control signage on doors			

KNOWLEDGE BASED PRACTICE

Locates and adheres to relevant medical directives & unit specific policies and procedures.

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
Defines individual level of skill functioning & individual scope of practice – knowledge, skill, & judgement	Benners Framework CNO Guidelines	Completion of competency based orientation and ongoing self assessment.			

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
Preparation of the Surgical Patient: Prepares patient for OR per physician orders and pre-op medical dierctives ➢ NPO at _____ ➢ Informed Consent by surgeon ➢ Chest X-ray ➢ ECG ➢ Required Lab work ➢ Initiates appropriate IV (site, size, & solution) ➢ Up to date Nursing history	Clinician/Preceptor, Unit Clerk Surgical Nursing Staff Policy N-IV 1550, N-IV 1530	Locates pre-op lab results, Understands when chest x-ray, ECG are necessary Completes Pre-op checklist Has patient complete pre op anesthetist sheet Able to do phone consent when necessary			
Follows hospital safety protocols ➢ Use of 2 patient identifiers prior to transfer to OR ➢ Completes pre-op surgical checklist	Policy N-IV 802	Demonstrated Evidence			
Demonstrates Understanding of Antibiotic Prophylaxis Ordered antibiotics hung and clamped for administration in OR	Pharmacy Manual				

KNOWLEDGE BASED PRACTICE
Locates and adheres to relevant medical directives & unit specific policies & procedures.

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
CARE OF THE POST – OP PATIENT					
Participates in post-op TOA ➤ Receives timely report from PACU ➤ Acquires accurate & precise information	SBAR	Demonstrated by knowledge of clients history & current situation			
Monitors for acute post-op problems ➤ Vitals ➤ Physical assessment falls within patients norm	Post operative learning package Standards of Post – op care PACU course Clinician / Preceptor / CRN Epidural Learning package	Demonstrated through accurate documentation			
Monitors for & provides adequate pain management. Monitors for complications with pain management. Understands the use of Narcan for itching & narcotic reversal.	Pain management learning package Internet CPS Pharmacist	Demonstrated through adequate & appropriate medication administration			
Demonstrates principles of aseptic wound care.	As Above CNO Best Practice Guidelines – Wound Care	Evidenced by appropriate post – op wound care			
Understands reasons for drain insertion ➤ Types of drains ➤ Care required for post-op drains ➤ Output monitoring	Surgical Textbook/Internet Team members N:\Surgical\Pre & Post OP information\Post-Op Surgical Powerpoint.pptx	Demonstrated through appropriate documentation			
Knowledge of progression of care from acute post-op phase to discharge.		Discussion with preceptor / CRN			

KNOWLEDGE BASED PRACTICE
Locates & adheres to relevant medical directives & unit specific policies & procedures.

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
MALIGNANT HYPERTHERMIA					
Demonstrates Knowledge of Malignant Hyperthermia	Malignant hyperthermia learning package Malignant Hyperthermia power point Internet MHAUS PACU team member PACU course Attends mock MH code blue	Discussion with Team Lead / Preceptor Completion of MH Learning Package			
Knowledge of MH Triggers	As Above				
Recognizes signs and symptoms of MH Understands etiology of disease process	Learning package Power point ..\Surgical Skills Book\Malignant	Demonstrates application of knowledge as applicable			
Knowledge of diagnostics required during MH code blue	As Above ..\Surgical Skills Book\Malignant				
Awareness of emergency treatment for MH	..\Surgical Skills Book\Malignant	Participation in mock code			
Awareness of necessity for code blue during MH crisis		Discussion with preceptor			

KNOWLEDGE BASED PRACITCE

Locates & adheres to relevant medical directives & unit specific policies & procedures.

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
CARDIOVASCULAR NURSING MANAGEMENT					
Knowledge of the Anatomy & Physiology of the Heart Performs Cardiac Assessment Demonstrates ability to perform accurate CSM checks (circ., sensation, movement) ➢ Palpates pulses (radial, dorsalis pedis, posterior tibial, popliteal, femoral ➢ Assess capillary refill ➢ Assess for peripheral edema ➢ S&S of altered cardiac output	Cardiac Med/Surg textbooks C5 – "Recovery Road" binder Internet & Librarian Orientation skills binder	Demonstrates application of knowledge Performs assessment and completes documentation in appropriate screen in meditech Anticipates & treats conditions quickly Contacts multidisciplinary team member when appropriate			
Demonstrates ability to recognize and treat the S&S of ➢ Unstable angina / chest pain management ➢ Myocardial Infarction, immediate management ➢ CHF – acute and chronic management ➢ A fib ➢ Syncope – potential causes	As above	Demonstrates ability to anticipate & treat conditions quickly Contacts MD in timely and appropriate situations with adequate information Collaborates with multidisciplinary team as appropriate Accurate & timely documentation			
Demonstrates knowledge of cardiac labs / tests ordered to identify myocardial damage	Cardiology texts Team Lead /Preceptor/MD Pharmacist	Discusses tests used at the BGH site & labs to be monitored			
Demonstrates understanding of cardiac drug therapy	Current drug manual Pharmacist	By anticipating hemodynamic effects			

KNOWLEDGE BASED PRACTICE
Locates & adheres to relevant medical directives & unit specific policies & procedures.

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
IV THERAPY					
Understands indications for IV therapy & solutions used.	IV learning package IV nurse, clinician, team members BCHS IV therapy policies	Evidenced by discussion with team members			
Reviews MD orders before initiating IV therapy.	Review of chart	Demonstrates application of knowledge			
Understands adverse, therapeutic effects & interventions & precautions.	As above, Up to date Online ..\Surgical Skills Book\IV				
Understanding of appropriate IV canula sites for solutions & medications.	IV learning package ..\Surgical Skills Book\IV Therapy, IV Med	Demonstrated during IV insertion training			
Able to program & run infusion pumps. Able to set up appropriate IV tubing.	Baxter Collegue learning package	Discussion/ demonstration previous experience.			
Understands steps for & indications for flushing saline lock.	Clinician, CRN, IV nurse	Demonstration during IV insertion training			
Documents appropriate fluids, volume, procedure & medication in appropriate area in meditech documentation.	Meditech, preceptor, CRN, clinician ..\Surgical Skills Book\IV Therapy, IV Med	Demonstrated by appropriate documentation			

KNOWLEDGE BASED PRACTIC

Locates & adheres to relevant medical directives & unit specific policies and procedures.

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
CENTRAL VENOUS ACCESS DEVICES					
Able to state the indications for use of Central Venous Access Devices.	CVAD Learning Package IV Team Preceptor, CRN	Discussion with IV nurse, preceptor, team lead			
Outlines vascular anatomy and recommended insertion sites for CVAD.	N:\All Floors-Education\CVAD\Revised CVAD -	As above			
Identify types of CVAD's available and indications for use.					
Understands the general principles of post insertion care. Performs and identifies specific nursing interventions for each type of CVAD ➢ Blood sampling ➢ Dressing change ➢ Flushing ➢ Intermittent cap change		Performs individual skills for assessment			
Recognizes potential complications & nursing interventions for each of the complications					
Able to provide appropriate health teaching related to CVAD		Discussion with IV nurse, preceptor, team lead			
Documents appropriate nursing care in meditech.		Demonstrates documentation			
Able to locate polices ➢ NIV-829 Central Line Fever Protocol ➢ NIV-881 PICC Blood Sampling ➢ NIV-882 PICC Declotting with tPA ➢ NIV-883 PICC Dressing Change ➢ NIV-884 PICC Flushing ➢ NIV-885 PICC Cap Change	B-NET - Document Source – Clinical - Patient Services Manual				

KNOWLEDGE BASED PRACTICE
Locates & adheres to relevant medical directives & unit specific policies and procedures.

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
BLOOD PRODUCT ADMINISTRATION	BCHS Policy N-IV- 845 Blood Product Table BCHS Blood Administration Learning Package Bloody Easy 2 published by Canadian Blood Services	Evidence of Knowledge, Skill and Judgement Completion of Blood Administration Package & competencies listed			
Demonstrates understanding of the patients diagnosis and the purpose for the blood product. Knowledge of the 8 rights of Transfusion (patient, product, amount, rate, time, reason, site, frequency)	Patients history Multidisciplinary team members N:\All Floors-Education\Blood\Blood Product Administration at BCHS Learning	Lists the lab values that need to be monitored. Follows accepted BCHS guidelines			
Ensure physician's order is written and informed consent obtained. Knowledge of who can obtain and witness consent.					
Demonstrates understanding and ability to administer blood product per blood product administration checklist after, completing BCHS Blood Administration package.		Demonstrates the process to administer the product safely.			
Identifies and understands signs and symptoms of transfusion reaction. Able to identify actions if transfusion reaction occurs.					
Demonstrates knowledge of proper disposal of blood tubing and blood bags.					

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
ARTERIAL BLOOD GAS ANALYSIS					
Demonstrates an understanding of Acid Base physiology ➢ Acid ➢ Base ➢ Buffer ➢ ph, PaCO2, HCO3, PaO2, O2	Preceptor/Clinician Internet Surgical skills binder ..\Surgical Skills Book\Arterial Blood Gases\ABG Powerpoint.pptx	Discusses with preceptor			
Knowledge of causes & S&S of ➢ Respiratory/Metabolic Acidosis ➢ Respiratory/Metabolic Alkalosis ➢ Hypoxemia	As Above ..\Surgical Skills Book\Arterial Blood Gases\abgpocket.pdf	As Above Demonstrates through knowledge of when to notify physician and expectation of ABG order			
Able to identify Steps for arterial blood gas interpretation		Discussion with preceptor			
Able to identify normal ➢ ph ➢ PCO2 ➢ HCO3 ➢ SaO2		Analysis of test results			
Demonstrates k knowledge of when Arterial Blood gases may be a necessary measure		As above			
Demonstrates basic knowledge of ABG interpretation & when to notify Physician of abnormal results		Discusses test results with preceptor			

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
RESPIRATORY NURSING MANAGEMENT					
Knowledge of the Anatomy & Physiology of the Respiratory System Performs a Respiratory Assessment ➢ Ascultates Chest, recognizes normal & abnormal breath sounds ➢ Assess skin colour in relation to oxygenation	Med / Surg textbooks In house Respiratory Therapist Preceptor Internet N:\Medical C\Education & Learning Packages\Hypoxia.ppt	Demonstrates application of knowledge Demonstrates ability to collect data using non-invasive & invasive techniques Documents findings appropriately			
Demonstrates ability to recognize & treat the S&S of ➢ CHF/Pulmonary Edema ➢ Pneumothorax ➢ Acute & long term issues		Anticipates & treats conditions quickly			
Demonstrates knowledge & ability to set up ➢ Face mask, trach mask, nasal prongs, venti-mask, non-rebreather, Ambubag, portable O2 tanks, SpO2 monitor	Preceptor/Clinician Respiratory therapist	Demonstrates correct O2 set up for patients current state			

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
CARE OF PATIENT WITH A CHEST TUBE					
Demonstrates understanding & indications for chest tube insertion	Atrium "managing chest drainage guide" BCHSYS chest tubes skills package – Surgical skills binder Standard of Care for Chest Drainage System with Dry Seal System	Able to discuss disease processes requiring chest tube insertion			
Able to locate equipment and supplies for care of chest tube. ➢ Atrium chest tube drainage system ➢ Kelly forceps ➢ Wall suction setup ➢ Dressing supplies, elastoplast tape	Team members Preceptor Unit team lead	Locates equipment and prepares to set up drainage system			
Demonstrates ability to set up drainage system. ➢ Connects patients chest tube to collection chamber. Ensures connections and dressing are taped securely ➢ Positions drainage system below patients chest ➢ Connects the suction source to the suction port on the	Atrium "managing chest drainage guide" BCHSYS chest tubes skill package – Surgical skills binder ..\Surgical Skills Book\Chest Tubes\Pleur-Evac - Sahara instruction Poster (3)[1].pdf	Demonstrates application of knowledge			

KNOWLEDGE BASED PRACTICE

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drainage system if ordered. ➢ Adjusts suction regulator on drainage system as ordered ➢ Adjusts suction source to appropriate level ➢ Injects sterile H2O into the air leak meter injection port until fluid reaches fill line					
Demonstrates understanding of patient monitoring ➢ Monitors for air leaks q 15 min until stable then q4h & prn ➢ Monitors for kinks loops q4h & prn ➢ Evaluates vital signs, respiratory status , skin colour comfort level and emotional state initially then q4h & prn	Standard of care for chest tube drainage system Preceptor Unit team lead Team members ..\Surgical Skills Book\Chest Tubes\ManagingChestDrainage.ppt	Demonstrated evidence			
Provides appropriate patient education ➢ Encourages deep breathing & coughing ➢ Encourages appropriate use of pain medications		Demonstrated evidence			
Demonstrates ability to document appropriate interventions, assessments & health teaching in meditech		Demonstrated evidence			
Responds appropriately to complications and unexpected events.	BCHSYS chest tubes skill package	Discusses and demonstrates evidence			

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
GASTROINTESTINAL NURSING MANAGEMENT					
Demonstrates knowledge of the Anatomy & Physiology of the GI system through an accurate abdominal assessment ➢ Recognizes normal & abnormal bowel sounds ➢ Recognizes abnormal or excessive tympany ➢ Accurate monitoring & documentation of elimination patterns ➢ Accurate monitoring & documentation of nutritional intake	Med/Surg textbook Preceptor/Clinician Internet Surgical Skills Binder ..\Bowel Care booklet for Bowel Care Maps.docx	As observed through accurate documentation in meditech			
Demonstrates knowledge & ability to care for a patient with an ostomy ➢ Appliance application ➢ Skin care ➢ teaching	Wound care team Preceptor/team members Convatec patient handouts Surgical Skills Binder	Ability to demonstrate application of appliance and provide patient with appropriate teaching As observed through accurate documentation in meditech			
Demonstrates knowledge & ability to care for a patient with a nasogastric tube ➢ NG insertion ➢ Determine accurate	Policy & Procedure N-IV-1310 N-IV- 401 Preceptor/Clinician	Return Demonstration As observed through accurate documentation			

KNOWLEDGE BASED PRACTICE
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placement ➢ Monitor & assess NG drainage ➢ Assembly & monitoring of Gomco Sump suction unit ➢ Assembly & monitoring of feeding pump ➢ Normal / abnormal lab values	N:\All Floors-Education\NG\NG Tubes Teaching Package - IPC Oct. 2012 ML.pdf				
Assessment & Care of a patient with a gastrostomy/jejunostomy tube ➢ Managing feed pump ➢ Delivering nutrients & water flushes ➢ Care of tube site					

Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
GENITOURINARY NURSING MANAGEMENT					
Demonstrates knowledge & ability to perform accurate genitourinary assessment ➢ Measures accurate outputs according to policies and physician orders ➢ Assesses for renal failure ➢ Recognizes & monitors abnormal lab values	Research articles Preceptor/Clinician Med/Surg Text	Assessments validated by preceptor / clinician Recognizes changes that require Physician notification Anticipates new orders from physician			
Demonstrates an understanding of Catheter Care including Catheter insertion & removal ➢ In & out catheterization ➢ Foley catheter ➢ Suprapubic catheters ➢ Nephrostomy Tubes	Preceptor/Clinician P&P N-IV-208, NIV-209, N-IV-214	Insertion of foley following policies & procedures Lists the S&S of infection			

KNOWLEDGE BASED PRACTICE

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➢ Continuous Bladder Irrigation (CBI)/Intermittent Bladder Irrigation Urostomy care & maintenance Care & maintenance of urinary drainage equipment					
Demonstrates knowledge of ➢ S&S of urinary infection ➢ Accurate testing to determine UTI Demonstrates Accurate use of Bladder Scanner & Bladder Scan Protocol	Med/Surg text Internet Preceptor/Clinician Electronic Lab manual	Demonstration of bladder scanner & accurate documentation, appropriate intervention post bladder scan			
Demonstrates understanding of post-op Mitomycin procedures & policies.	P&P N-IV-1215 P&P N-IV-1280 ..\Surgical Skills Book\Mitomycin Bladder Instillation.pptx	Evidenced by the ability to locate the policy & discuss procedure with preceptor			

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
TOTAL PARENTAL NUTRITION					
Demonstrates understanding of indications for TPN Knows adverse, therapeutic effects and expected outcomes.	TPN learning package ..\Surgical Skills Book\Total Parenteral Nutrition - IPC Sept. 2012 ML.pptx Dietician, Pharmacist	Demonstrates application of knowledge Discussion with support staff			
Recognizes the differences between peripheral and central TPN.		Discussion			
Understands TPN orders and daily responsibilities surrounding acquiring TPN orders.		Discussion with team members & evidenced by obtaining accurate orders			
Performs nursing responsibilities & understands rationale. ➤ Demonstrates understanding of TPN set up with appropriate tubing & rationale for tubing use. ➤ Performs appropriate documentation in meditech.	Learning package, co-workers, policy, Clinician, Team Lead	Demonstration of TPN set up Evidenced by accurate documentation			

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
GYNECOLOGICAL NURSING MANAGEMENT					
Knowledge of the Anatomy & Physiology of the reproductive system	Textbooks Internet				
Demonstrates understanding of need for acute pain control in this client population. Demonstrates understanding of need for nausea control. Understands medication options available on post-op orders for pain control and N&V control.	Gyne care path B3 nursing staff, preceptor, team lead, nurse clinician Med/Surg, obstectrics textbooks Internet ..\HYSTERECTOMY.docx	Demonstration of knowledge Discussion with preceptor As evidenced by care of patient			
Able to accurately describe and document post-op vaginal flow.		Evidenced by accurate documentation in meditech			
Understands the requirement of documenting urine output and bladder scan protocol amounts post-op.		Evidenced by demonstration of bladder scanner use and accurate documentation			
Knowledge of nursing skills to alleviate post-op symptoms ➢ Warm blanket to abdomen for cramps ➢ Up at bedside first night post-op to alleviate gas/ up in hallway thereafter					

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
NEUROLOGICAL NURSING					
Demonstrates knowledge of the Nervous System ➢ Sensory – CSM checks post-op ➢ Motor Knowledge of the autonomic nervous system	Team Lead / Preceptor Med / Surg Texts Surgical Skills binder Internet Physiotherapist Occupational therapist	Able to identify motor & sensory pathway & their significance Identifies the effect of the ANS & the significance			
Performs thorugh nero assessment, implementation, & evaluation of care ➢ Glasgow Coma Scale ➢ Canadian Neurological Scale	N:\All Floors-Education\Neurological Education\CCSO Webinar-Adult BNO Guidelines-Nov 12 2015.pdf	Able to perform a neurological assessment using the ➢ Glasgow coma scale ➢ Canadian Neurological scale			
Expresses the difference between delirium, dementia, and depression ➢ CAM observation record ➢ Manages challenging behavior using non-pharmacological techniques ➢ Able to assess delirium using the CAM tool	As above Least restraint policy	Discusses difference between dementia & delirium Verbalizes techniques to manage patients behaviour			

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
COMPARTMENT SYNDROME					
Demonstrates an understanding of compartment syndrome, anatomy & disease process ➢ Defines compartment syndrome & potential causes	Preceptor/Clinician Internet Surgical Skills Binder	Discussion with preceptor As evidenced by appropriate CSM checks and accurate documentation			
Recognizes S&S of compartment syndrome & resulting medical emergency ➢ Pain ➢ Palpably tense ➢ Pain with passive stretch ➢ Paresthesia ➢ Paralysis ➢ Pulselessness/pallor	Acute compartment syndrome learning package N:\All Floors-Education\Compartment Syndrome\Compartment Syndrome ppt.pptx	As above Demonstrates application of knowledge when applicable			
Performs frequent & appropriate CSM checks per policy on high risk patients		As demonstrated through documentation in meditech			
Demonstrates urgency to react to S&S of compartment syndrome ➢ Calls physician immediately ➢ Loosens splints if able ➢ Contact fracture clinic for cast splitting if necessary ➢ Maintains elevation of affected limbs ➢ Applies O2 ➢ Prepares patient for OR	Preceptor Team members Pre op medical directives Fracture Clinic	Timely calls to physican Ability to react in urgent situations			

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
DELIRIUM	Delirium learning package N:\All Floors-Education\CAM_Behaviour Observation Record\CAM_Behaviour	Discussion with preceptor / Team Lead			
Demonstrates knowledge & understanding of predisposing risk factors & precipitating risk factors	As above ..\Surgical Skills Book\Key Features of Delirium.doc				
Utilizes confusion assessment for assessing 5 criteria for diagnosing delirium	As above				
Documents on CAM tool appropriately in meditech	As above	Documentation in CAM tool			
Liaise with MD for appropriate orders when patient has a positive CAM tool result	As above	As evidenced by recognition of delirium and discussion with MD			

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MUSCULOSKELETAL NURSING					
Describes the anatomy and physiology of the Musculoskeletal System	Textbooks Internet	As evidenced by appropriate care of the orthopedic patient			
Care of the patient with a ➢ Bone fracture ➢ Osteomyelitis ➢ Total Joint Replacement ➢ External immobilizing device ➢ Arthritis	Team Lead Clinician/Preceptor Surgical nursing staff Post op new Knee and Hip booklets Allied Therapy Staff	Documented Care Plan follows care guidelines Care plan includes monitoring of potential complications			
Performs thorough musculoskeletal & neuromuscular assessment, implementation & evaluation of care		As evidenced by accurate and thorough documentation			
Promotes ➢ safe lifts and transfers ➢ early mobilization ➢ ROM ➢ Positioning		Demonstrates Application of knowledge			

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
INTEGUMENTARY					
Demonstrates knowledge & ability of head to toe integumentary assessment Assess with ➢ Braden Scale weekly & prn ➢ 5 levels of wound staging ➢ Prevention of pressure ulcers ➢ Order & apply special surfaces as appropriate ➢ Utilizes best practice wound protocols	Wound Team Clinician Team Lead Attend wound care conferences Textbooks Co-workers N:\Surgical\Pressure Ulcers.pptx	As evidenced by accurate & appropriate charting			
Wound Care ➢ consults wound team as needed ➢ follow CNO best practice guidelines as appropriate ➢ checks MD orders for specific wound care orders ➢ maintains aseptic technique	CNO Best Practice Guidelines Learning Packages	As evidenced by demonstration			
VAC Dressings ➢ What is a vac dressing ➢ Proper application of dressing ➢ Maintains aseptic technique ➢ Operation of pump & VAC dressing settings ➢ Assessment of wound to meet goals & objectives	Learning package Internet Clinician KCI VAC Representative N:\All Floors-Education\VAC\VAC therapy.ppt Wound Team	As evidenced by demonstration			

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
LEAST RESTRAINTS					
Understanding of common terminology surrounding least restraints.	Learning Package N:\All Floors-Education\Least	Discussion with Team Lead, Clinician			
Demonstrates awareness of the key factors that influence the safe, effective & ethical choices to minimize the use of restraints.	Learning package "Least Restraints" Policy N-IV-1760, CNO Guidelines, Bill 85 Clinician, Team Lead	Evidenced by appropriate choices when potential restraints required			
Understanding of ➢ Policy of least restraints – Patient Services Manual N-IV-1760 ➢ Bill 85 ➢ CNO restraint standards	As above				
Able to identify & implement ➢ Consent requirements ➢ Alternative to restraints	As above				
Demonstrates familiarity with the decision tree when considering restraint use	As above				
Demonstrates appropriate & correct procedure for applying physical restraints to prevent injury to patient.	Learning package "Least Restraints" Learning package "Pinel Basic Instructions"	Demonstration of application of Pinel Restraints			
Reviews "code white" procedures.					
Appropriate documentation in meditech under correct interventions. Completes & documents appropriate patient checks.		Demonstration of documentation			

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
ACUTE & PALLIATIVE PAIN MANAGEMENT					
Demonstrates awareness of pain in the older adult ➢ Presentation of pain in patients & cognitively impaired older adult ➢ Describes goals of adequate pain control		Demonstrates application of knowledge Discussion with preceptor			
Able to describe the difference between acute & chronic pain Identifies & overcomes the barriers to effective pain management	Preceptor / Clinician Pharmacist Surgical Skills Binder	Demonstrates application of knowledge			
Utilizes Pain Assessment tools ➢ Uses systematic pain assessment (PQRST U) ➢ Uses specific pain assessment timelines ➢ Reassesses pain control post medication administration	As above Internet Pain management articles / texts				
Understands differences between long & short acting narcotics Considers various pain management options ➢ Demonstrates skills of various pain management administration options		As evidenced by discussion with preceptor Appropriate & correct medication administration			
Understands the myths and truths of providing appropriate & adequate pain medication	As above				
Demonstrates appropriate documentation in meditech		As observed by preceptor			

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
CARE OF CADD PUMP	CADD pump Training Guide – Smiths Medical located in Surgical Unit Skills Book BCHSYS CADD Pump Learning Package N:\All Floors-Education\CADD	Evidence of Knowledge, Skill & Judgement Completion of CADD Pump Package & Competencies listed			
Demonstrates understanding of the patient's diagnosis & the purpose for using a CADD pump.	Patients history Multidisciplinary team members	Reviews patients history and physicians orders			
Demonstrates ability to install batteries					
Demonstrates ability to lock and & unlock pump using code for pump.	BCHSYS CADD Pump Learning Package	Demonstrates the process with a mentor.			
Demonstrates ability to set values as ordered by physician.		Completes competency checklist for initiating a CADD Pump			
Demonstrates understanding of patients need for dosage increase.					
Understands rationale for independent double check of pump.					
Demonstrates ability to perform health teaching and proper usage of pump with patient and family.					
Demonstrates use of aseptic technique.	CNO best practice – aseptic techniques				
Demonstrates accurate & appropriate charting in meditech system.	Meditech CADD pump intervention				

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Performance Criteria	Strategies & Resources	Evidence of Competence	Self Assessm't Rating	Date Completed	Comments
EPIDURALS					
Knowledge of the anatomy & physiology of the vertebral column, spinal nerves spinal vessels Understanding of spinal nerve distribution & dermatones ➢ Assessment parameters , monitoring, dermatones & bromage scale	Epidural Learning Package Internet BCH Library Epidural Power Point Clinician, Team Lead, Preceptor Anesthetist, Pharmacist Policy & Procedure Manual	Appropriate assessments Completes epidural learning package & passes post test			
Knowledge of pharmacology, onset & duration of opiods used	Epidural Learning Package ..\Surgical Skills	Discussion accurate monitoring			
Understanding of ➢ Indications for us ➢ Contraindications ➢ Advantages ➢ Adverse effects ➢ Complications	Epidural Learning Package Epidural Power Point N:\Surgical\Educational Resources\Epidurals \Epidural teaching	Demonstrated through discussion			
Knowledge of physical appearance of epidural catheter – markings, ability to recognize & document level of catheter	Epidural Learning Package Epidural Power Point Observation of epi caths	Accurate documentation			
Understands & able to perform removal of epidural catheter	As Above	Demonstrates application of knowledge			
Knowledge of patient teaching parameters ➢ Monitoring ➢ Symptoms to report	As Above	Accurate Patient teaching			
Understanding of documentation		Accurate documentation			

Learning Plans

Your learning plan is an important part of orientation as well as nursing practice in general. The process of developing a learning plan is part of the College of Nurses of Ontario's Quality Assurance program. The following will guide you to develop your own learning plan.

What is a learning plan?
- ✓ A document to help identify learning needs, and help to track and evaluate your learning.

Why do I need one?
- ✓ Helps to clearly define learning objectives.
- ✓ Co-ordinates learning needs with strategies and resources to meet goals and objectives.
- ✓ Assists with the evaluation of learning

Your learning plan is required for your halogen performance appraisal. It is important to review and revise your learning plan on a regular basis. You are involved in learning every day. The learning plan simply formalizes and keeps track of your learning.

Developing a Learning Plan

Reviewing your orientation tool is a starting point for developing a learning plan. In the orientation tool are all the competencies that the surgical Nurse must demonstrate. It is expected that all surgical RN/RPNs will meet the minimum standards as demonstrated by the core competencies.

The new staff member identifies areas in which she/he requires further learning. These become the **learning objectives.** You do not have to limit yourself to objectives found within these documents.
Common questions: What area do I want to focus on? What do I need/want to learn?
Make your learning goals "smart goals" (**S**pecific, **M**easurable, **A**ttainable, **R**ealistic, and **T**imely)

Next utilize the strategies and resources to help you learn what you want/need to learn. This will guide you in attaining your learning objectives.

Next , how will you demonstrate what you have learned? These are your **evidence of competence**. This is the evidence you must show to demonstrate that your learning goals have been met. It is also important to consider who will evaluate my learning?

Last, you must set a **target date** for completing your goals. The target date will vary depending on the complexity and urgency of your goals. Some goals will be easily met in a short time period, whereas learning for other goals may be ongoing.

Learning Plan for: *Date:*

Team Lead: *Preceptor/Mentor:*

Learning Objectives What do I need/want to learn? S-M-A-R-T Goals	Strategies and Resources Where can I find the information I need to learn?	Evidence of Competence How will I demonstrate what I have learned?	Target Date

Next Steps/Future Learning: _____

_____

_____

REFERENCES

"A National Interprofessional Competency Framework" February 2010.
www.cihc.ca/files/CIHC.IP**Competencies**_Feb1210.pdf

CNO, "National Competencies in the context of entry-level Registered Nurse Practice" Revised June 2008

Brant Community Health Care System – Policies and Procedures, OR Competency Orientation package, General Hospital Orientation package, Skill Packages, Previous Surgical Orientation package